

**Norridge Police Department
Accident Review Board**

Date Assigned	Member	Present	Excused	Unexcused
5/1/2003	Officer Malicki	X		
7/15/2016	Corporal Wendt	X		
10/01/2016	Officer Smith	X		
6/28/2017	Sergeant Rice	X		

Review Date: June 30, 2017

M/V Crash Incident Number: 2017-07207

Officer: Officer Anthony Beckman #16

Squad: #526

1. Classification I

- a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 2a.



NORRIDGE POLICE DEPARTMENT



Employee Warning Notice

Name: Anthony Beckman Star #: 16 Date: July 7, 2017

TYPE OF VIOLATION				
<input type="checkbox"/> Attendance	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Late Arrival/Early Quit	
<input type="checkbox"/> Failure to Follow Instructions	<input type="checkbox"/> Rudeness Towards Citizens	<input type="checkbox"/> Willful Damage to Equipment	<input type="checkbox"/> Personal Business While on Duty	
<input type="checkbox"/> Unsatisfactory Work Performance	<input type="checkbox"/> Violations of Policy/Procedure	<input checked="" type="checkbox"/> Motor Vehicle Crash	<input type="checkbox"/> Missing a Court Date	

Date of Violation: June 28, 2017 Time of Violation: 0541

DESCRIPTION OF VIOLATION:

Officer Beckman while switching a vehicle at the Montrose Ottawa Garage did strike the brick wall while pulling the vehicle out. The vehicle (Unit 526) was damaged along the right rear door. The Accident Review committee subsequently found the crash to be classified as 2a. in the Safety Review Board Policy A-22. The employee failed to exercise reasonable and due care.

OFFICER'S STATEMENT:

Anthony Beckman I agree with the above description ☐ I disagree with the above description

My reason is: _____

Officer's Signature Star # Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
<input type="checkbox"/> Verbal Warning		
<input checked="" type="checkbox"/> Written Warning	07/07/17	NICHOLAS RICE #202
<input type="checkbox"/> Disciplinary Write-up		

CONSEQUENCES IF VIOLATION OCCURS AGAIN:

A second Classification 2a violation within the next 24 months will result in a 2 day suspension without pay.

I have read and understand this warning;

Anthony Beckman #16
Officer's Signature / Star#

07/14/17
Date

Supervisor Issuing Warning:

N. Rice #202
Supervisor's Signature / Star #

07/14/17
Date

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



P0113

U140431175

DRAC	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGHT	COLL	MANY	PPA	PPL	
U1	U2	U1	U1	U1	99	U1	U2	U1	U2	U1	99	99	9

INVESTIGATING AGENCY: NORRIDGE
DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY: ☒ \$500 OR LESS ☐ \$501 - \$1,500 ☐ OVER \$1,500
TYPE OF REPORT: ☒ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED
No Injury / Drive Away: ☒ A ☐ B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO. 17 07207
TRFW 13

ADDRESS NO. 4348
HIGHWAY or STREET NAME: N. OTTAWA
COUNTY: COOK
CITY: NORRIDGE
TOWNSHIP: ☐
INTERSECTION RELATED: ☐ Y ☒ N
PRIVATE PROPERTY: ☒ Y ☐ N
HIT & RUN: ☐ Y ☒ N

DATE OF CRASH: 06/28/17
TIME: 5:41 AM
DOORING WITH PEDALCYCLIST? ☒ Y ☐ N
NUMBER MOTOR VEHICLES INVLD: 1
LARS CODE:
VEHT: U1 1
U2 ☒

NAME: ☒ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUUS ☐ NMV ☐ NOV
DATE OF BIRTH: [REDACTED]
MAKE: FORD MODEL: CROWN VICTORIA YEAR: 11
LAST, FIRST, MI: BECKMAN, ANTHONY
STREET ADDRESS: 4020 N. OLCOTT
CITY: NORRIDGE STATE: IL ZIP: 60706
INJURY: 0 EJECT: 1
SEX: M SAFT: 4 AIR: 4
PLATE NO.: 2FABP7BV3BX104434
VIN: 2FABP7BV3BX104434
CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN
POINT OF FIRST CONTACT: 03
TOWED DUE TO CRASH: ☐ Y ☒ N
FIRE: ☐ Y ☒ N
CELLPHONE: ☐ Y ☒ N
EXCEED SPEED LIMIT: ☐ Y ☒ N
COM VEH: ☐ Y ☒ N
IF YES SEE SIDEBAR

VEHICLE OWNER (LAST, FIRST M.I.): VILLAGE OF NORRIDGE
OWNER ADDRESS (STREET, CITY, STATE, ZIP): 4000 N. OLCOTT NORRIDGE IL 60706
TELEPHONE: 781-53-0800
POLICY NO.: BGA3005405
INSURANCE CO.: ALLIANT-METROW INS.

TAKEN TO: EMS AGENCY: OWNER ADDRESS (STREET, CITY, STATE, ZIP): 4000 N. OLCOTT NORRIDGE IL 60706
TELEPHONE: 781-53-0800
POLICY NO.: BGA3005405

NAME: ☐ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUUS ☐ NMV ☐ NOV
DATE OF BIRTH: 1/1/11
MAKE: MODEL: YEAR: 11
LAST, FIRST, MI: STREET ADDRESS: CITY: STATE: ZIP: INJURY: EJECT: VIN: PLATE NO.: STATE: YEAR: CIRCLE NUMBER(S) FOR DAMAGED AREA(S): 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN
POINT OF FIRST CONTACT: TOWED DUE TO CRASH: ☐ Y ☒ N
FIRE: ☐ Y ☒ N
CELLPHONE: ☐ Y ☒ N
EXCEED SPEED LIMIT: ☐ Y ☒ N
COM VEH: ☐ Y ☒ N
IF YES SEE SIDEBAR

VEHICLE OWNER (LAST, FIRST M.I.): INSURANCE CO.:
TAKEN TO: EMS AGENCY: OWNER ADDRESS (STREET, CITY, STATE, ZIP):
TELEPHONE: POLICY NO.:
OCCS: 1

UNIT	SEAT	DOB	SEX	SAFT	AIR	INJ	EJECT	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(H) (SP)	(EMS)
		/ /									
		/ /									
		/ /									
		/ /									
		/ /									

UNIT	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE?
1	1	2	11	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 18		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
1	3				ARREST NAME	SECTION CITATION NO.	SECONDARY		IF YES CHECK ONE BELOW:
1	1				ARREST NAME	SECTION CITATION NO.			<input type="checkbox"/> CONSTRUCTION
2	2				OFFICER ID. SIGNATURE	BEAT / DIST. SUPERVISOR ID.	DATE POLICE NOTIFIED 06/28/17 5:41 PM	TIME NOTIFIED 5:41 PM	<input type="checkbox"/> MAINTENANCE
2	3						COURT DATE	COURT TIME	<input type="checkbox"/> UTILITY
									<input type="checkbox"/> UNKNOWN WORK ZONE TYPE
									WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U140431175

A Diagram and Narrative are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



INDICATE NORTH BY ARROW

MONTROSE

OTTAWA

NARRATIVE (Refer to vehicle by Unit No.)

UNIT 1 WAS N/B EXITING A GARAGE AT 4348 N. OTTAWA. REAR PASSENGER SIDE DOOR OF UNIT 1 STRUCK THE GARAGE CAUSING SCRATCHES TO UNIT 1. GARAGE SUFFERED NO DAMAGE.

LOCAL USE ONLY

U1 Color BLK U2 Color

U1 Towing to

N/A

U2 Towing to

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle?

☐ Y ☐ N

If yes, name on placard

4-digit UN no.

1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNK

Did HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

MCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO.

WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96"

97-102"

>102"

TRAILER 1 ☐

☐

☐

TRAILER 2 ☐

☐

☐

TRAILER LENGTH(S): 1 _____ ft

TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft

NO. OF AXLES

SELECT CODES FROM BACK COVER OF CRASH BOOKLET

VEHICLE CONFIGURATION

CARGO BODY TYPE

LOAD TYPE